

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH Beane
 County Boone Registration District No. 78
 Township Boone Primary Registration District No. 4046
 City Beane (No. _____) St. _____ Ward _____

File No. 8795
 Registered No. 5
 St. _____ Ward _____

2. FULL NAME Daniel White
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Jane White</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10-10-1859</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>5</u>	<u>5</u>	<u>14</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Janitor 236</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Methodist Church</u>				
9. BIRTHPLACE (CITY OR TOWN) <u>Beane</u> (STATE OR COUNTRY) <u>Missouri</u>				
PARENTS	10. NAME OF FATHER <u>Andrew White</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Boone</u> (STATE OR COUNTRY) <u>Missouri</u>			
	12. MAIDEN NAME OF MOTHER <u>Glenn Burrows</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Boone</u> (STATE OR COUNTRY) <u>Missouri</u>				
14. INFORMANT <u>Blissie Boone</u> (Address) <u>Columbia, Mo.</u>				
15. FILED <u>4/6 31</u> <u>Mary M. Angel</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-4 1931 to 3-24 1931 that I last saw him/her on 3-24 1931, and that death occurred, on the date stated above, at 5:21 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
827
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 827
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED ①
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician
 (Signed) J. A. Taylor, M. D.
3-27-1931 (Address) 116 S 8th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Beane Missouri DATE OF BURIAL 3-29 1931

20. UNDERTAKER Smart & Porter ADDRESS Columbia, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 21 1931

